



State of Washington
Department of Health
PUBLIC HEALTH LABORATORIES
1610 N.E. 150th Street
Shoreline, Washington 98155-9701
Phone: (206) 361-2872
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MTS #1327 CLIA
#50D0661453

Lab Number	Date/Time Received
FOR PHL USE ONLY	

Please Print Clearly **MYCOBACTERIUM TUBERCULOSIS ISOLATES**

PATIENT	NAME (LAST)		(FIRST)		(MIDDLE)			
	ADDRESS		CITY		STATE		ZIP CODE	
	MALE <input type="radio"/>	FEMALE <input type="radio"/>	DATE OF BIRTH	MO	DAY	YR	COUNTY	CHART OR PATIENT ID NUMBER

SPECIMEN	SUBMITTER				PRIMARY SUBMITTER							
	ADDRESS				ADDRESS							
	CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE	
	COUNTY		PHONE NUMBER		COUNTY		PHONE NUMBER					
	PERSON FILLING OUT FORM		PHONE NUMBER		PRIMARY PHYSICIAN		PHONE NUMBER					
	SPECIMEN SOURCE:				SPECIMEN WAS RECEIVED AS:							
	<input type="radio"/> SPUTUM <input type="radio"/> GASTRIC <input type="radio"/> BLOOD <input type="radio"/> URINE <input type="radio"/> BRONCHIAL WASH <input type="radio"/> CSF <input type="radio"/> FLUID (SPECIFY) _____ <input type="radio"/> TISSUE (SPECIFY) _____ <input type="radio"/> WOUND (SITE) _____ <input type="radio"/> OTHER (SPECIFY) _____				<input type="radio"/> REFERENCE ISOLATE <input type="radio"/> CLINICAL SPECIMEN							
	LABORATORY EXAMINATION REQUESTED:				HAVE SPECIMENS FROM THIS PATIENT BEEN SUBMITTED PREVIOUSLY?							
	<input type="radio"/> ANTIMICROBIAL SUSCEPTIBILITY <input type="radio"/> STOCK <input type="radio"/> PZA <input type="radio"/> PLATE SENSI <input type="radio"/> RFLP <input type="radio"/> OTHER (SPECIFY) _____				<input type="radio"/> YES <input type="radio"/> NO							
	SUSCEPTIBILITY RESULTS: (PLEASE CIRCLE)				DATE COLLECTED							

IHN	S	R	STREP	S	R	DATE RECEIVED	MO	DAY	YR	
RIF	S	R	EMB	S	R	DATE POS SMEAR REPORTED	MO	DAY	YR	
PZA	S	R	OTHER(SPECIFY)		S	R	DATE POS MTB REPORTED	MO	DAY	YR
							DATE SENSI REPORTED	MO	DAY	YR
							DATE SENT TO STATE LAB	MO	DAY	YR

COMMENTS

FOR PHL USE ONLY

GENERAL INSTRUCTIONS:

- PLEASE PRINT LEGIBLY.
- Please fill out the requisition form COMPLETELY. Delays in processing the specimen or reporting results may occur if information is incomplete.
- Each specimen submitted to the Public Health Laboratories (PHL) must be clearly marked with an identifying name and/or number for positive identification.
- Send specimens to the PHL as soon as possible to help ensure valid test results.
- All specimens being shipped must meet IATA (International Air Transport Association) regulations for packaging and labeling of packages for transport of diagnostic specimens. It is the shippers responsibility to ensure that packages being shipped meet these regulations. Copies of the regulations can be obtained by contacting the Mail Room: (206) 361-2865.
- Specimens mailed with insufficient postage will not be delivered by the Postal Service.
- This form replaces:

Enteric Bacteriology	Form Number
Parasitology	DOH 302-001
Mycobacteriology (TB)	DOH 302-002
Reference Bacteriology - Legionella Culture - DFA	DOH 302-004
Reference Bacteriology	DOH 302-012
Nose and Throat Specimens	DOH 13-175
	DOH 305-003
- Do NOT use this form to submit specimens to the STD (including Chlamydia) or Virology Laboratories. Separate forms are available by calling (206) 361-2865. Using the incorrect form may delay processing of the specimen.
- Do NOT use this form to submit specimens for Rabies, Water Bacteriology, Food Bacteriology or Biotoxins. Separate forms are available by calling (206) 361-2865. Using the incorrect form may delay processing of the specimen.
- For further information, or to obtain additional requisition forms or collection kits, please contact the PHL Mail Room at (206) 361-2865.

Information	Reference Bacteriology	Mycobacteriology	Parasitology
Patient Identification (Including Sex & DOB)	*	*	*
Submitter's Name/Address	*	*	*
Specimen Information:			
Specimen Collection Date	*	*	*
Submitter's Laboratory Number	*		
Specimen Submitted	*	*	*
Laboratory Examination Requested	*	*	*
Specific Agent Suspected	*		*
Source of Specimen	*	*	*

Information marked with an asterisk (*) is needed for specimen identification and for decisions about appropriate testing.